APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR Subject Matter:: LITH ITY CD-ROM or CD-R?:: NONE

Title" PYRROLOTHIAZINE AND

> PYRROLOTHIAZEPINE COMPOUNDS HAVING SEROTONIN-2 RECEPTOR ANTAGONISTIC AND ALPHA-1-

BLOCKING ACTION

Attorney Docket Number:: 240178US0DIV

Total Drawing Sheets::

INVENTOR INFORMATION

Street of Mailing Address::

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: JAPAN

Status:: **FULL CAPACITY** Akira

Given Name:: Family Name:: MIZUNO City of Residence:: Kyoto-shi State or Province of Residence:: Kvoto

Country of Residence:: JAPAN 17-1-1-811, Fukakusashinmonio-cho.

Fushimi-ku

City of Mailing Address:: Kvoto-shi State or Province of Mailing Address:: Kvoto Country of Mailing Address:: **JAPAN** Postal or Zip Code of Mailing Address:: 612-8436 Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN

Status:: FULL CAPACITY

Given Name:: Makoto
Family Name:: SHIBATA
City of Residence:: Ashikaga-shi
State or Province of Residence:: Tochigi

State or Province of Residence:: Tochigi
Country of Residence:: JAPAN

Street of Mailing Address:: 946-5-506, Tanaka-cho

City of Mailing Address:: Ashikaga-shi
State or Province of Mailing Address:: Tochiqi

Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 326-0822

Applicant Authority Type:: INVENTOR
Primary Citizenship Country: JAPAN

Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY

Given Name:: Tomoe
Family Name:: KAMEI
City of Residence:: Takatsuki-shi

State or Province of Residence:: Osaka Country of Residence:: JAPAN

Street of Mailing Address:: 5-7-13-202, Tonda-cho

City of Mailing Address:: Takatsuki-shi
State or Province of Mailing Address:: Osaka

Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 569-0814

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN

Status:: FULL CAPACITY

Given Name:: Harukazu
Family Name:: FUKAMI

City of Residence:: Kyoto-shi
State or Province of Residence:: Kyoto
Country of Residence:: JAPAN

Street of Mailing Address:: 36, Kissyoin Shima-dezaike-cho, Minami-

ku

City of Mailing Address:: Kyoto-shi
State or Province of Mailing Address:: Kyoto
Country of Mailing Address:: IADAN

Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 601-8373

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY

"Given Name:: FULL CAPAC

Family Name:: INOMATA
City of Residence:: Mino-shi
State or Province of Residence:: Osaka

Country of Residence:: JAPAN Street of Mailing Address:: 3-5-8, Sakurai

City of Mailing Address:: Mino-shi State or Province of Mailing Address:: Osaka

Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 562-0043

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application: Continuity Type:: Parent Application: Parent Filing Date:: This Application Division of 09/871,655 06/04/01

09/871,655	Division of	09/367,841	08/26/99
09/367,841	National Stage of	PCT/JP98/05954	12/25/98

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
366756/1997	JAPAN	12/26/97	YES

ASSIGNMENT INFORMATION

Assignee Name::

DAIICHI PHARMACEUTICAL CO., LTD.

Street of Mailing Address:: 5-7-2, Kojimachi, Chiyoda-ku

City of Mailing Address::

Tokyo

Country of Mailing Address::

JAPAN